

2008/2009 DWI Programmatic Review – Services for Non-English Speaking Clients



State of North Carolina

Department of Mental Health, Developmental Disabilities, and Substance Abuse Services

Accountability Team – Assurance Unit

Date: _____		Facility Code: _____	
Provider Name: _____			
Address: _____			
City: _____		State: _____	Zip: _____
Telephone: _____		County: _____	
(1). Our agency assesses and / or provides Treatment Services for Non-English speaking offenders / clients. YES _____ NO _____			
(2). Our agency has contacted DWI Services to inform them of intent to provide assessments and or treatment services for non-English speaking clients. YES _____ NO _____			
(3). Our agency utilizes Interpreters or bi-lingual staff for services to non-English speaking clients. YES _____ NO _____			
(4). Our agency utilizes Certified Interpreters for services to non-English speaking clients. YES _____ NO _____			
(5). Our staff is qualified to provide services and is fluent in the language of the target audience. YES _____ NO _____			
(6). Our agency is in full compliance with Mental Health Rule 10 A NCAC 27 G .3816 SERVICES FOR NON-ENGLISH SPEAKING OFFENDERS / CLIENTS. YES _____ NO _____			
(7). Agency will notify DWI Services of any and all changes to the above listed or attached information. YES _____ NO _____			
List name, qualifications/credentials from NCSAPPB and (language) fluency status for all staff members providing DWI Services to non-English speaking clients. 1. _____ 2. _____			
COMMENTS: _____ _____ _____			
Print Name: _____		Title: _____	
Signature: _____		Date: _____	
Reviewer: _____		Date: _____	

This Certification Form shall be submitted to Justice Systems Innovation and becomes part of your authorization documentation.

DWI 08-09 Non English Speaking Client Form